TN No.

Supersedes

TN No. NEW

92-02

Approval Date

(BPD)

ATTACHMENT 2.6-A

7/1/92

AUGUST 1991 Page 11a OMB No.: 0938-RHODE ISLAND State: Citation Condition or Requirement e. Poverty level pregnant women, infants, and children. For pregnant women and infants or 1902(1)(3)(E) and 1902(r)(2)of the Act children covered under the provisions of sections 1902(a)(10)(A)(i)(IV) and (VI), and 1902(a)(10)(A)(ii)(IX) of the Act--The following methods are used in determining countable income: The methods of the State's approved AFDC plan. Х The methods of the approved title IV-E plan. The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

. 92

Effective Date _

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A AUGUST 1991 Page 12 OMB No.: 0938-State: RHODE ISLAND Citation Condition or Requirement (2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21. $\sqrt{X/}$ 1902(e)(6) of (3) The agency continues to treat women the Act eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls. f. Qualified Medicare beneficiaries. 1905(p)(1), 1902(m)(4), determining countable income for qualified Medicare beneficiaries covered and 1902(r)(2) of the Act under section 1902(a)(10)(E)(i) of the Act, the following methods are used: The methods of the SSI program only. _X_ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to

TN No. 92-02		DEC 3	1992			_
Supersedes	Approval Date			Effective Date _	7/1/92	-
TN NO89-02_				HCFA ID: 7985E		

ATTACHMENT 2.6-A.

X

For institutional couples, the methods

specified under section 1611(e)(5) of the Act.

Revision: HCFA-PI

HCFA-PM-93-2 MARCH 1993 (MB)

ATTACHMENT 2.6-A

Page 12a

State: RHODE ISLAND

Citation

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. 93-005
Supersedes Approval Date 1/1/93
TN No. NEW Effective Date

^{*} U.S. G.P.O.:1993-342-239:80032

Revision: HCFA-PM-91-8 (MB) ATTACHMENT 2.6-A

	te/Territo	ory:	Rho	de Isla	nd	Page 1 OMB No		
			Co	ndition	n or Req	uirement	t	
t	c	n deter	rmining	counta enefici	aries, t	ciaries ome for the foll	COBRA	
	-	Tl	he agend ncome mon hese mon	cy uses ore res re rest	methodo trictive rictive	than t methodo	for treathe SSI places	atment of program. are nt 2.6-A.
	N	at or no ir	t 1902(t r for an ot be ta	1)(4), ny othe aken in except	costs in r type o to accou as provi		from med ial card etermin:	ing

TN No. 92-07
Supersedes Approval Date 270 03 400 Effective Date 7/1/92

TN No. NEW

HCFA ID: 7985E

HCFA-PM-91-4 AUGUST 1991 (BPD)

ATTACHMENT 2.6-A

Page 13

OMB No.: 0938-

State:

___ RHODE ISLAND

Citation

Condition or Requirement

1902(k) of the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship.

Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.

1902(a)(10)(C) of the Act

 Medically needy income levels (MNILs) are based on family size.

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

TN No. 92-02		DEC 9	1 9 92	7/1/02
Supersedes TN No. 89-02	Approval Date			Effective Date 7/1/92
				HCFA ID: 7985E

AUGUST 1991

(BPD)

ATTACHMENT 2.6-A

Page 14

OMB No.: 0938-

State: RI

RHODE ISLAND

Citation

Condition or Requirement

42 CFR 435.732, 435.831 4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

- (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either lmonth for institutionalized individuals or 6 months (not to exceed 6 months) for non-institutionalized individuals to determine the amount of excess countable income applicable to the cost of medical care and services.
- (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
 - (a) Health insurance premiums, deductibles and coinsurance charges.
 - (b) Expenses for necessary medical and remedial care not included in the plan.
 - (c) Expenses for necessary medical and remedial care included in the plan.
 - Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

(Section 301.3 of the DHS Manual).

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 92-02 Supersedes TN No. 87-10	Approval Date	DEC 9	19 92	Effective Date 7/1/92
TN NO				HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991
Page 14a
OMB No.

State/Territory: Rhode Island

Citation
Condition or Requirement

a. Medically Needy (Continued)

1903(f)(2) of the Act
(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the

individual.

TN No. 92-07 Supersedes TN No. NEW

Approval Date r 2 1 1992

Effective Date 7/1/92

HCFA ID: 7985E/

(BPD)

ATTACHMENT 2.6-A Page 15

State: ____RHODE ISLAND

AUGUST 1991

OMB No.: 0938-

Citation

Condition or Requirement

42 CFR 435.732 b. Categorically Needy - Section 1902 (f) States

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- Any SSI benefit received. (1)
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- Increases in OASDI that are deducted under (3) \$\$435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- Other deductions from income described in this (4)plan at Attachment 2.6-A, Supplement 4.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

1902(a)(17) of the Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 92-02	DEC 9 1992	
Supersedes	Approval Date	Effective Date 7/1/92
TN No. <u>87-10</u>		HCFA ID: 7985E

Revision:	HCFA-PM-91-8 October 1991 State/Territory:	(MB) ATTACHMENT 2.6-A Page 15a OMB No. Rhode Island
Citati	lon	Condition or Requirement
		gorically Needy - Section 1902(f) States
1903(f)(2) the Act		penddown payments made to the State by he individual.
	NOTE: paid a	FFP will be reduced to the extent a State is spenddown payment by the individual.

AUGUST 1991

(BPD)

ATTACHMENT 2.6-A

Page 16

OMB No.: 0938-

State: ____ RHODE ISLAND

Citation

5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

Condition or Requirement

- In determining countable resources for AFDC-related individuals, the following methods are used:
 - The methods under the State's approved AFDC (a) plan; and
- \overline{X} (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
- (2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-02		DEC 9 1992	
Supersedes	Approval Date	DE 0 1 1000	Effective Date 7./1/92
TN No87-04			

HCFA ID: 7985E